	CLAIMS	Application Number Filing Date									
			Applicant(s)								
				* May be u	May be used for additional claims or amendments						
CLAIMS					*			*			
	Indep Depend				Indep	Depend	Indep	Depend	Indep	Depend	
2	<b>\</b>	/\		51 52							
3 4	$H \rightarrow I$		/	53 54							
5				55							
7	<del>- \ - / -</del>	<del>                                     </del>		56	-						
8				58							
9	<del> \ /</del>	+		59 60							
11	V	<b>X</b>		61						-	
12	<del>                                     </del>	<del>  /\</del>		62 63	<del>                                     </del>						
14			1 1	64							
15 16	<del>- /                                   </del>	+ / + \	<del>                                     </del>	65 66	<del>  -</del>	1					
17 18				67							
19	<del>/                                    </del>	+/		68 69	-						
20 21	/	/	\	70 71						=	
22		V	<u> </u>	72							
23 24				73 74							
25				75							
26 27				76 77							
28				78							
29 30		1	<del>                                     </del>	79 80	<del>                                     </del>						
31	1			81							
32	1	<u> </u>		82 83	-						
34				84							
35 36	<del>                                     </del>	1		85 86	<del>                                     </del>						
37				87							
38 39	<b>-</b>			88 89					<b></b>		
40		<b>1</b>		90							
41		+ +	<del>   </del>	91 92	<del>                                     </del>						
43				93							
44			<del></del>	94 95	<del>                                     </del>						
46 47				96 97							
48				98		<del></del> -					
49 50				99 100							
Total	5 1	1 2 1 1	1 1	Total		<del>,                                    </del>				1	
Indep Total	<u>a</u>	3		Indep Total		] <b> </b> -					
Depend	14	14		Depend			_				
Total Claims	16	16		Total Claims							